

STATE OF HAWAII—DEPARTMENT OF TAXATION
PUBLIC SERVICE COMPANY TAX RETURN

DO NOT WRITE OR STAPLE IN THIS SPACE

For calendar year 1997 or other tax year
beginning _____, 1997 and ending _____, 19____

TYPE OR PRINT

Name	Office Audit _____ Field Audit _____
Number and Street	Hawaii G.E./Use I.D. No. _____
City or Town, State, and ZIP Code	Federal Employer I.D. No. _____
Kind of Business (check box) <input type="checkbox"/> Public Utility, except Motor Carrier or Contract Carrier (other than Motor Carrier) <input type="checkbox"/> Common Carrier by Water <input type="checkbox"/> Motor Carrier or Contract Carrier	Amount paid with this return \$ _____
Year of Operation: Check if <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year	TOTAL TAX (from page 2) \$ _____

GROSS INCOME FROM PRECEDING TAXABLE YEAR IN 1996

1. Total Gross Income from Public Utility Business, except Common Carrier by Water, Motor Carrier and Contract Carrier Business (describe fully from what sources received)			
(a) Passenger fares for transportation between points on a scheduled route by land	1(a)		
(b) Sales of products or services to another public utility for resale to the consumer	1(b)		
(c) _____	1(c)		
2. Equipment Rentals Received			
(a) _____	2(a)		
(b) _____	2(b)		
3. Joint Facility Rentals Received	3		
4. Non-Operating Income from Public Utility Business (describe fully)			
(a) _____	4(a)		
(b) _____	4(b)		
5. Total (lines 1 to 4)	5		
6. TOTAL GROSS INCOME from common carrier by water, motor carrier or contract carrier business	6		

DEDUCTIONS FROM PRECEDING TAXABLE YEAR IN 1996
(Available only to a Public Utility taxed under section 239-5(a), HRS.)

7. Public Utility Expenses (attach schedule)	7		
8. Public Utility Business-Uncollectible Bills	8		
9. Depreciation on Public Utility Property and Equipment (attach schedule)	9		
10. Equipment Rentals Paid (describe fully)			
(a) _____	10(a)		
(b) _____	10(b)		
11. Joint Facility Rentals Paid (describe fully)			
(a) _____	11(a)		
(b) _____	11(b)		
12. Taxes Paid or Accrued (attach schedule)	12		
13. All Other Deductions Authorized by Law (describe fully)			
(a) _____	13(a)		
(b) _____	13(b)		
14. TOTAL DEDUCTIONS (lines 7 to 13)	14		
15. NET INCOME for purposes of Chapter 239, HRS. (lines 5 minus line 14)	15		

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS.

Please Sign Here	Signature of officer	Date	Title
	Preparer's Signature	Date	Preparer's social security number
Paid Preparer's Information	Firm's name (or yours if self-employed) and address	Check if self-employed <input type="checkbox"/>	Federal E.I. No. _____
			ZIP CODE _____

COMPUTATION OF TAX

(Line references are to lines on page 1.)

PART I. — ONLY FOR PUBLIC UTILITIES TAXED UNDER SECTION 239-5 (a), (b) and (c), HRS.

Ratio that line 15 is to line 5	_____ %		TAX RATE
If ratio is greater than 15%, then Deduct.	15.00%		5.885%
(Balance multiplied by .2675) Balance	_____ %	x .2675	_____ %
(Maximum Rate is 8.2%) (Minimum Rate is 5.885%)		RATE OF TAX.	_____ %

A	Line 5 less line 1(a) and/or 1(b) ..		x	% (Tax rate shown above)	TAX AMOUNT	A		
B	Line 1(a)		x	5.35% (fixed rate)	TAX AMOUNT	B		
C	Line 1(b)		x	.5% (fixed rate)	TAX AMOUNT	C		
D	TOTAL TAX (add lines A, B, and C)					D		
E	Nonrefundable Tax Credit - Credit for Lifeline Telephone Service Subsidy					E		
F	Balance (line D minus line E, but not less than zero)					F		
G	Payment with Extension (attach Form N-755)	G						
H	Tax Installment Payments (see Instructions, Payment of Tax)	H						
I	Total Payments (add lines G and H)					I		
J	TAX DUE (if line F is larger than I), enter AMOUNT OWED. (if line F exceeds \$100,000, see Instructions, Payment of Tax)					J		
K	OVERPAYMENT (if line I is larger than line F), enter AMOUNT OVERPAID.					K		

PART II. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(b), HRS.

A	TOTAL TAX (line 1(a)		x	5.35% (fixed rate))		A		
B	Payment with Extension (attach Form N-755)	B						
C	Tax Installment Payments (see Instructions, Payment of Tax)	C						
D	Total Payments (add lines B and C)					D		
E	TAX DUE (if line A is larger than line D), enter AMOUNT OWED. (if line A exceeds \$100,000, see Instructions, Payment of Tax)					E		
F	OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID.					F		

PART III. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(c), HRS.

A	TOTAL TAX (line 1(b)		x	.5% (fixed rate))		A		
B	Payment with Extension (attach Form N-755)	B						
C	Tax Installment Payments (see Instructions, Payment of Tax)	C						
D	Total Payments (add lines B and C)					D		
E	TAX DUE (if line A is larger than line D), enter AMOUNT OWED. (if line A exceeds \$100,000, see Instructions, Payment of Tax)					E		
F	OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID.					F		

PART IV. — ONLY FOR COMMON CARRIERS BY WATER, MOTOR CARRIERS AND CONTRACT CARRIERS TAXED UNDER SECTION 239-6, HRS.

A	TOTAL TAX (line 6		x	4% (fixed rate))		A		
B	Payment with Extension (attach Form N-755)	B						
C	Tax Installment Payments (see Instructions, Payment of Tax)	C						
D	Total Payments (add lines B and C)					D		
E	TAX DUE (if line A is larger than line D), enter AMOUNT OWED. (if line A exceeds \$100,000, see Instructions, Payment of Tax)					E		
F	OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID.					F		

Note: Enter the TOTAL TAX amount on page 1.

Public Utility taxed under section 239-5(a), HRS, must also attach to this return year-end balance sheets, income statements, and an analysis of retained earnings for the utility and non-utility portions of the business.